

B1 (Official Form 1)(04/13)

|  |   |   |
|--|---|---|
| <b>United States Bankruptcy Court</b><br><b>Western District of Missouri</b>   |   | <b>Voluntary Petition</b>   |
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Moore, John Steven</b>  |   | Name of Joint Debtor (Spouse) (Last, First, Middle):<br><b>Moore, Arlinda Renee</b>   |
| All Other Names used by the Debtor in the last 8 years<br>(include married, maiden, and trade names):<br><b>AKA Steve Moore</b>  |   | All Other Names used by the Joint Debtor in the last 8 years<br>(include married, maiden, and trade names):<br><b>AKA Arlinda Renee Guinnip</b>   |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN<br>(if more than one, state all)<br><b>xxx-xx-7594</b>   |   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN<br>(if more than one, state all)<br><b>xxx-xx-1359</b>  |
| Street Address of Debtor (No. and Street, City, and State):<br><b>5721 N. Jarboe Street</b><br><b>Kansas City, MO</b><br><div style="text-align: right;">ZIP Code<br/><b>64118</b></div>   |   | Street Address of Joint Debtor (No. and Street, City, and State):<br><b>5721 N. Jarboe Street</b><br><b>Kansas City, MO</b><br><div style="text-align: right;">ZIP Code<br/><b>64118</b></div>  |
| County of Residence or of the Principal Place of Business:<br><b>Clay</b>  |   | County of Residence or of the Principal Place of Business:<br><b>Clay</b>   |
| Mailing Address of Debtor (if different from street address):<br><div style="text-align: right;">ZIP Code</div>  |   | Mailing Address of Joint Debtor (if different from street address):<br><div style="text-align: right;">ZIP Code</div>   |
| Location of Principal Assets of Business Debtor<br>(if different from street address above):   |   |   |
| <b>Type of Debtor</b><br>(Form of Organization) (Check one box)<br><input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (If debtor is not one of the above entities,<br>check this box and state type of entity below.)  | <b>Nature of Business</b><br>(Check one box)<br><input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined<br>in 11 U.S.C. § 101 (51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other | <b>Chapter of Bankruptcy Code Under Which<br/>the Petition is Filed</b> (Check one box)<br><input checked="" type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13<br><input type="checkbox"/> Chapter 15 Petition for Recognition<br>of a Foreign Main Proceeding<br><input type="checkbox"/> Chapter 15 Petition for Recognition<br>of a Foreign Nonmain Proceeding  |
| <b>Chapter 15 Debtors</b><br>Country of debtor's center of main interests:<br><br>Each country in which a foreign proceeding<br>by, regarding, or against debtor is pending:   | <b>Tax-Exempt Entity</b><br>(Check box, if applicable)<br><input type="checkbox"/> Debtor is a tax-exempt organization<br>under Title 26 of the United States<br>Code (the Internal Revenue Code).  | <b>Nature of Debts</b><br>(Check one box)<br><input checked="" type="checkbox"/> Debts are primarily consumer debts,<br>defined in 11 U.S.C. § 101(8) as<br>"incurred by an individual primarily for<br>a personal, family, or household purpose."<br><input type="checkbox"/> Debts are primarily<br>business debts.   |
| <b>Filing Fee</b> (Check one box)<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must<br>attach signed application for the court's consideration certifying that the<br>debtor is unable to pay fee except in installments. Rule 1006(b). See Official<br>Form 3A.<br><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must<br>attach signed application for the court's consideration. See Official Form 3B. |   | <b>Chapter 11 Debtors</b><br>Check one box:<br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br>Check if:<br><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates)<br>are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ).<br>Check all applicable boxes:<br><input type="checkbox"/> A plan is being filed with this petition.<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors,<br>in accordance with 11 U.S.C. § 1126(b). |
| <b>Statistical/Administrative Information</b><br><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid,<br>there will be no funds available for distribution to unsecured creditors.  |   | THIS SPACE IS FOR COURT USE ONLY  |
| <b>Estimated Number of Creditors</b><br><input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000   |   |   |
| <b>Estimated Assets</b><br><input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion                     |   |   |
| <b>Estimated Liabilities</b><br><input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion                |   |   |

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Moore, John Steven**  
**Moore, Arlinda Renee****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ Joyce L. Vogler MO****November 17, 2015**

Signature of Attorney for Debtor(s)

(Date)

**Joyce L. Vogler MO 51227****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

# Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Moore, John Steven**  
**Moore, Arlinda Renee**

## Signatures

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ John Steven Moore**  
Signature of Debtor **John Steven Moore**

**X /s/ Arlinda Renee Moore**  
Signature of Joint Debtor **Arlinda Renee Moore**

Telephone Number (If not represented by attorney)

**November 17, 2015**

Date

### Signature of Attorney\*

**X /s/ Joyce L. Vogler MO**  
Signature of Attorney for Debtor(s)

**Joyce L. Vogler MO 51227**

Printed Name of Attorney for Debtor(s)

**Vogler Law Office**

Firm Name

**P.O. Box 12314**  
**North Kansas City, MO 64116**

Address

Email: **voglerlaw@yahoo.com**

**(816) 842-6900 Fax: (816) 842-6912**

Telephone Number

**November 17, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X** \_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

United States Bankruptcy Court  
Western District of Missouri

In re **John Steven Moore**  
**Arlinda Renee Moore**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |    |                 |
|---|----|-----------------|
| For legal services, I have agreed to accept .....           | \$ | <b>1,200.00</b> |
| Prior to the filing of this statement I have received ..... | \$ | <b>1,200.00</b> |
| Balance Due .....   | \$ | <b>0.00</b>     |

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Adversary proceedings and conversions.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **November 17, 2015**

/s/ Joyce L. Vogler MO

Joyce L. Vogler MO 51227

Vogler Law Office

P.O. Box 12314

North Kansas City, MO 64116

(816) 842-6900 Fax: (816) 842-6912

voglerlaw@yahoo.com

Advanced Dental Arts  
Geoffrey Riley, DDS  
4444 N. Belleview Avenue  
Suite 202  
Kansas City MO 64116-1507

AIH Receivable Management Services  
5425 Martindale  
Shawnee KS 66218

Alliance One  
4850 Street Road  
Suite 300  
Trevose PA 19053

ARS National Services, Inc.  
P.O. Box 469046  
Escondido CA 92046

Asset Recovery Solutions, LLC  
2200 E. Devon Avenue  
Suite 200  
Des Plaines IL 60018-4501

Berlin Wheeler, Inc.  
2942 SW Wanamaker Dr. #200  
Topeka KS 66614

Capital One  
Bankruptcy Department  
P.O. Box 30285  
Salt Lake City UT 84130-0285

Capital One  
Bankruptcy Department  
P.O. Box 5155  
Norcross GA 30091

Capital One Auto Finance  
P.O. Box 660068  
Sacramento CA 95866

Capital One Bank (USA) N.A.  
P.O. Box 6492  
Carol Stream IL 60197-6492

Capital One Services  
P.O. Box 85619  
Richmond VA 23285-5619

Capital One, N.A.  
P.O. Box 71087  
Charlotte NC 28272-1087

Capital One/Kawasaki  
P.O. Box 30253  
Salt Lake City UT 84130-0253

Christian Moore  
5721 N. Jarboe  
Kansas City MO 64118

CMI  
4200 International  
Carrollton TX 75007-1912

Comenity Bank/Gordmans  
Bankruptcy Department  
P.O. Box 182125  
Columbus OH 43218-2125

Comenity Bank/Maurices  
Bankruptcy Department  
P.O. Box 182125  
Columbus OH 43218-2125

Credit First N.A.  
P.O. Box 81344  
Cleveland OH 44188-0344

Creekwood Orthodontics  
5400 N. Oak Trfwy., Suite 123  
Kansas City MO 64118

Discover Card  
P.O. Box 6103  
Carol Stream IL 60197-6103

Discover Financial Services  
P.O. Box 15316  
Wilmington DE 19850

Dr. Teresa Gallagher-Calia  
101 NW Englewood Road  
Suite 150  
Kansas City MO 64118

Executive Financial Consultants  
310 Armour Road  
Suite 220  
Kansas City MO 64116-3541

Financial Corporation of America  
P.O. Box 203500  
Austin TX 78720-3500

Gamache & Myers PC  
1000 Camera Avenue  
Suite A  
Saint Louis MO 63126

Global Credit & Collection Corp.  
5440 N. Cumberland Avenue  
Suite 300  
Chicago IL 60656-1490

Gordman's  
P.O. Box 659705  
San Antonio TX 78265-9705

Inpatient Consultants of Kansas PA  
P.O. Box 8357  
Pasadena CA 91109-8357

Internal Revenue Service  
Central Insolvency Operation  
P.O. Box 7346  
Philadelphia PA 19101-7346

Kansas City Power & Light  
PO Box 219330  
Kansas City MO 64121

Kansas Counselors  
P.O. Box 14765  
Shawnee Mission KS 66285

Lakeview Terrace Mobile Home Park  
5800 N. Madison  
Kansas City MO 64118

Maurices  
P.O. Box 659705  
San Antonio TX 78265-9705

Meritus Health  
P.O. Box 505245  
Saint Louis MO 63150-5245

North Kansas City Hospital  
2800 Clay Edwards Drive  
Kansas City MO 64116-3281

North Kansas City Hospital  
P.O. Box 8200  
Lakeland FL 33801-8200

Northwest Financial Services  
P.O. Box 9010  
Saint Joseph MO 64508-9010

Obstetric & Gynecology Consult  
P.O. Box 415050  
Kansas City MO 64141-5050

Pain Source Solutions, LLC  
P.O. Box 7391  
Kansas City MO 64116

Pierre W. Keitges MD PC  
P.O. Box 876171  
Kansas City MO 64187-6171

Pierre W. Keitges MD PC  
P.O. Box 8660  
Saint Louis MO 63126-0660

Saint Luke's Hospital  
P.O. Box 530254  
Atlanta GA 30353-0254



Sam's Club/Synchrony Bank  
P.O. Box 530942  
Atlanta GA 30353-0942

Sam's Club/Synchrony Bank  
Attn: Bankruptcy Dept.  
P.O. Box 965060  
Orlando FL 32896-5060

Sprint  
P.O. Box 54977  
Los Angeles CA 90054-0977

Sprint  
P.O. Box 8077  
London KY 40742

St. Joseph Anesthesia Services  
P.O. Box 412004  
Kansas City MO 64141-2004

St. Joseph Anesthesia Services  
1000 Carondelet Drive  
Kansas City MO 64114-4673

St. Luke's Health System  
Physician Billing Services  
4401 Wornall Road  
Kansas City MO 64111

St. Luke's Northland Hospital  
5830 NW Barry Road  
Kansas City MO 64154

St. Luke's Physician Specialists  
P.O. Box 505060  
Saint Louis MO 63150-5060

Synchrony Bank/JCP  
P.O. Box 960090  
Orlando FL 32896-0090

Synchrony Bank/Walmart  
Attn: Bankruptcy Dept.  
P.O. Box 965060  
Orlando FL 32896-5060

Target Card Services  
P.O. Box 660170  
Dallas TX 75266-0170

TD Bank USA, N.A.  
c/o Target Card Services  
P.O. Box 9500  
Minneapolis MN 55440

The CBE Group, Inc.  
P.O. Box 570  
Waterloo IA 50704-0570

Time Warner Cable  
P.O. Box 1104  
Carol Stream IL 60132-1104

Time Warner Cable  
P.O. Box 2553  
Columbus OH 43216-2553

Tires Plus Total Car Care  
P.O. Box 81410  
Cleveland OH 44188-0410

United Recovery Systems  
P.O. Box 722929  
Houston TX 77272-2929

Vanderbilt Mortgage  
500 Alcoa Trail  
Maryville TN 37804

Vanderbilt Mortgage and Finance, Inc.  
P.O. Box 660180  
Dallas TX 75266-0180

Venture Financial Services  
9500 E. 63rd Street  
Suite 202  
Raytown MO 64133

Walmart/Synchrony Bank  
P.O. Box 530927  
Atlanta GA 30353-0927

**United States Bankruptcy Court  
Western District of Missouri**

In re **John Steven Moore  
Arlinda Renee Moore**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF MAILING MATRIX**

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: **November 17, 2015**

**/s/ John Steven Moore**

**John Steven Moore**

Signature of Debtor

Date: **November 17, 2015**

**/s/ Arlinda Renee Moore**

**Arlinda Renee Moore**

Signature of Debtor

**United States Bankruptcy Court**  
**Western District of Missouri**

In re **John Steven Moore,**  
**Arlinda Renee Moore**

Debtors

Case No. \_\_\_\_\_

Chapter 7

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS           | LIABILITIES      | OTHER           |
|--|----------------------|------------------|------------------|------------------|-----------------|
| A - Real Property  | <b>Yes</b>           | <b>1</b>         | <b>0.00</b>      |                  |                 |
| B - Personal Property  | <b>Yes</b>           | <b>4</b>         | <b>23,067.59</b> |                  |                 |
| C - Property Claimed as Exempt   | <b>Yes</b>           | <b>1</b>         |                  |                  |                 |
| D - Creditors Holding Secured Claims   | <b>Yes</b>           | <b>1</b>         |                  | <b>19,563.01</b> |                 |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | <b>Yes</b>           | <b>2</b>         |                  | <b>216.59</b>    |                 |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | <b>Yes</b>           | <b>13</b>        |                  | <b>25,137.44</b> |                 |
| G - Executory Contracts and<br>Unexpired Leases                                    | <b>Yes</b>           | <b>1</b>         |                  |                  |                 |
| H - Codebtors  | <b>Yes</b>           | <b>1</b>         |                  |                  |                 |
| I - Current Income of Individual<br>Debtor(s)                                      | <b>Yes</b>           | <b>3</b>         |                  |                  | <b>2,803.71</b> |
| J - Current Expenditures of Individual<br>Debtor(s)                                | <b>Yes</b>           | <b>2</b>         |                  |                  | <b>2,752.88</b> |
| Total Number of Sheets of ALL Schedules  |                      | <b>29</b>        |                  |                  |                 |
| Total Assets   |                      |                  | <b>23,067.59</b> |                  |                 |
| Total Liabilities  |                      |                  |                  | <b>44,917.04</b> |                 |

**United States Bankruptcy Court**  
**Western District of Missouri**

In re **John Steven Moore,**  
**Arlinda Renee Moore**

Debtors

Case No. \_\_\_\_\_

Chapter 7

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability   | Amount        |
|---|---------------|
| Domestic Support Obligations (from Schedule E)  | <b>0.00</b>   |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | <b>216.59</b> |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | <b>0.00</b>   |
| Student Loan Obligations (from Schedule F)  | <b>0.00</b>   |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | <b>0.00</b>   |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | <b>0.00</b>   |
| TOTAL   | <b>216.59</b> |

**State the following:**

|   |                 |
|---|-----------------|
| Average Income (from Schedule I, Line 12)   | <b>2,803.71</b> |
| Average Expenses (from Schedule J, Line 22)   | <b>2,752.88</b> |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 ) | <b>4,472.24</b> |

**State the following:**

|  |               |                  |
|--|---------------|------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |               | <b>7,392.51</b>  |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | <b>216.59</b> |                  |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |               | <b>0.00</b>      |
| 4. Total from Schedule F   |               | <b>25,137.44</b> |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |               | <b>32,529.95</b> |

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|--------------------------------------|---|------------------------------------|--|-------------------------|
|--------------------------------------|---|------------------------------------|--|-------------------------|

**None**

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|---|---|---|
| 1. Cash on hand  |                  | <b>Cash on hand</b>   | <b>J</b>                                    | <b>20.00</b>  |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | <b>Joint checking account at Cross Roads Credit Union, Acct# xxxx2-70. Current balance is \$375.50 with outstanding checks of \$235.50.</b> | <b>J</b>                                    | <b>140.00</b>   |
|  |                  | <b>Joint savings account at Cross Roads Credit Union, Acct# xxx2-00</b>   | <b>J</b>                                    | <b>27.13</b>  |
|  |                  | <b>Joint checking account at Arvest Bank, Acct# xxxx3939. Current balance is \$1,249 with outstanding checks of \$1,148.</b>                | <b>J</b>                                    | <b>101.00</b>   |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.  |                  | <b>Security deposit with Lakeview Terrace Mobile Home Park for lot rental</b>   | <b>J</b>                                    | <b>385.00</b>   |
| 4. Household goods and furnishings, including audio, video, and computer equipment.  |                  | <b>Household goods, furnishings, wall hangings, personal items, nick nacks, etc.</b>  | <b>J</b>                                    | <b>3,000.00</b>   |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | <b>X</b>         |   |   |   |
| 6. Wearing apparel.  |                  | <b>Wearing apparel</b>  | <b>J</b>                                    | <b>500.00</b>   |
| 7. Furs and jewelry.   |                  | <b>Wedding rings \$500, other jewelry \$20</b>  | <b>J</b>                                    | <b>520.00</b>   |
| 8. Firearms and sports, photographic, and other hobby equipment.   | <b>X</b>         |   |   |   |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   |                  | <b>Term life through employer</b>   | <b>H</b>                                    | <b>0.00</b>   |
|  |                  | <b>Term life through employer</b>   | <b>W</b>                                    | <b>0.00</b>   |
| 10. Annuities. Itemize and name each issuer.   | <b>X</b>         |   |   |   |
| Sub-Total ><br>(Total of this page)  |                  |   |   | <b>4,693.13</b>   |

3 continuation sheets attached to the Schedule of Personal Property



In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|--------------------------------------|---|---|
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | <b>X</b>         |                                      |   |   |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | <b>X</b>         |                                      |   |   |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | <b>X</b>         |                                      |   |   |
| 14. Interests in partnerships or joint ventures. Itemize.   | <b>X</b>         |                                      |   |   |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  | <b>X</b>         |                                      |   |   |
| 16. Accounts receivable.  |                  | <b>Garnished wages</b>               | <b>H</b>                                    | <b>100.21</b>   |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | <b>X</b>         |                                      |   |   |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  | <b>X</b>         |                                      |   |   |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | <b>X</b>         |                                      |   |   |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | <b>X</b>         |                                      |   |   |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | <b>X</b>         |                                      |   |   |

Sub-Total > **100.21**  
(Total of this page)

Sheet 1 of 3 continuation sheets attached  
to the Schedule of Personal Property

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|---|---|---|
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | <b>X</b>         |   |   |   |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | <b>X</b>         |   |   |   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | <b>X</b>         |   |   |   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | <b>2003 Ford F150 XL SuperCab Flareside 4WD Pickup with 262,000+ miles. VIN# 1FTRX08L23KD93459. Vehicle has hail damage and significant scratches and dents on bed. Clean retail \$8,400 - \$1,100 (mileage) - \$175 (4.6L V8) + \$300 (flareside bed) - \$1,000 (cost of repairs) - \$321.25 (5% cost of sale)</b> | <b>H</b>                                    | <b>6,103.75</b>   |
|   |                  | <b>2014 Kawasaki EX300AES Ninja 300 Motorcycle. VIN# JKAEX8A11EA003671. Retail \$4,390 - \$219.50 (5% cost of sale). Mr. Moore cosigned for his son. His son has possession of the motorcycle and pays all of the payments and insurance.</b>   | <b>H</b>                                    | <b>4,170.50</b>   |
| 26. Boats, motors, and accessories.   | <b>X</b>         |   |   |   |
| 27. Aircraft and accessories.   | <b>X</b>         |   |   |   |
| 28. Office equipment, furnishings, and supplies.  | <b>X</b>         |   |   |   |
| 29. Machinery, fixtures, equipment, and supplies used in business.  | <b>X</b>         |   |   |   |
| 30. Inventory.  | <b>X</b>         |   |   |   |
| 31. Animals.  |                  | <b>3 dogs, 1 cat - pets</b>   | <b>J</b>                                    | <b>0.00</b>   |
| 32. Crops - growing or harvested. Give particulars.   | <b>X</b>         |   |   |   |
| 33. Farming equipment and implements.   | <b>X</b>         |   |   |   |

Sub-Total > **10,274.25**  
(Total of this page)

Sheet 2 of 3 continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|---|---|---|
| 34. Farm supplies, chemicals, and feed.                                 | <b>X</b>         |   |   |   |
| 35. Other personal property of any kind<br>not already listed. Itemize. |                  | <b>1997 Premier Mobile Home 16x76 single wide 2 bed<br/>2 bath located at 5721 N. Jarboe Street, Kansas<br/>City, MO 64118. This is the Debtors' primary<br/>residence and sits in Lakeview Terrace Mobile<br/>Home Park. The home's flooring in the living room<br/>and kitchen has holes and needs significant<br/>repairs. The front door also needs to be replaced.<br/>The monthly lot rent is \$405.00.</b> | <b>J</b>                                    | <b>8,000.00</b>   |

Sub-Total > **8,000.00**  
(Total of this page)  
Total > **23,067.59**

(Report also on Summary of Schedules)

Sheet **3** of **3** continuation sheets attached  
to the Schedule of Personal Property

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

| Description of Property  | Specify Law Providing Each Exemption       | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|--|----------------------------|---|
| <b>Cash on Hand</b>  |  |                            |   |
| Cash on hand   | RSMo § 513.430.1(3)                        | 20.00                      | 20.00   |
| <b>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</b>   |  |                            |   |
| Joint checking account at Cross Roads Credit Union, Acct# xxxx2-70. Current balance is \$375.50 with outstanding checks of \$235.50.   | RSMo § 513.430.1(3)                        | 140.00                     | 140.00  |
| Joint savings account at Cross Roads Credit Union, Acct# xxx2-00   | RSMo § 513.430.1(3)                        | 27.13                      | 27.13   |
| Joint checking account at Arvest Bank, Acct# xxxx3939. Current balance is \$1,249 with outstanding checks of \$1,148.  | RSMo § 513.430.1(3)                        | 101.00                     | 101.00  |
| <b>Household Goods and Furnishings</b>   |  |                            |   |
| Household goods, furnishings, wall hangings, personal items, nick nacks, etc.  | RSMo § 513.430.1(1)                        | 3,000.00                   | 3,000.00  |
| <b>Wearing Apparel</b>   |  |                            |   |
| Wearing apparel  | RSMo § 513.430.1(1)                        | 500.00                     | 500.00  |
| <b>Furs and Jewelry</b>  |  |                            |   |
| Wedding rings \$500, other jewelry \$20  | RSMo § 513.430.1(2)<br>RSMo § 513.430.1(2) | 500.00<br>20.00            | 520.00  |
| <b>Interests in Insurance Policies</b>   |  |                            |   |
| Term life through employer   | RSMo § 513.430.1(7)                        | 0.00                       | 0.00  |
| Term life through employer   | RSMo § 513.430.1(7)                        | 0.00                       | 0.00  |
| <b>Accounts Receivable</b>   |  |                            |   |
| Garnished wages  | RSMo § 513.430.1(3)                        | 100.21                     | 100.21  |
| <b>Automobiles, Trucks, Trailers, and Other Vehicles</b>   |  |                            |   |
| 2003 Ford F150 XL SuperCab Flareside 4WD Pickup with 262,000+ miles. VIN# 1FTRX08L23KD93459. Vehicle has hail damage and significant scratches and dents on bed. Clean retail \$8,400 - \$1,100 (mileage) - \$175 (4.6L V8) + \$300 (flareside bed) - \$1,000 (cost of repairs) - \$321.25 (5% cost of sale) | RSMo § 513.430.1(5)<br>RSMo § 513.430.1(3) | 6,000.00<br>103.75         | 6,103.75  |
| Total:   |  | 10,512.09                  | 10,512.09   |

0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R | H<br>U<br>S<br>B<br>A<br>N<br>D<br>W<br>I<br>F<br>E<br>J<br>O<br>I<br>N<br>T<br>C<br>O<br>M<br>M<br>U<br>N<br>I<br>T<br>Y | D<br>A<br>T<br>E<br>C<br>L<br>A<br>I<br>M<br>W<br>A<br>S<br>I<br>N<br>C<br>U<br>R<br>R<br>E<br>D,<br>N<br>A<br>T<br>U<br>R<br>E<br>O<br>F<br>L<br>I<br>E<br>N,<br>A<br>N<br>D<br>D<br>E<br>S<br>C<br>R<br>I<br>P<br>T<br>I<br>O<br>N<br>A<br>N<br>D<br>V<br>A<br>L<br>U<br>E<br>O<br>F<br>P<br>R<br>O<br>P<br>E<br>R<br>T<br>Y<br>S<br>U<br>B<br>J<br>E<br>C<br>T<br>T<br>O<br>L<br>I<br>E<br>N | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | A<br>M<br>O<br>U<br>N<br>T<br>O<br>F<br>C<br>L<br>A<br>I<br>M<br>W<br>I<br>T<br>H<br>O<br>U<br>T<br>D<br>E<br>D<br>U<br>C<br>T<br>I<br>N<br>G<br>V<br>A<br>L<br>U<br>E<br>O<br>F<br>C<br>O<br>L<br>L<br>A<br>T<br>E<br>R<br>A<br>L | U<br>N<br>S<br>E<br>C<br>U<br>R<br>E<br>D<br>P<br>O<br>R<br>T<br>I<br>O<br>N,<br>I<br>F<br>A<br>N<br>Y |
|--|--------------------------------------|---|---|--|--|--------------------------------------|--|--|
|  |                                      |   |   |  |  |                                      |  |  |
| Account No. <b>xxxx5296</b>  |                                      |   |   |  |  |                                      |  |  |
| <b>Capital One Auto Finance</b><br><b>P.O. Box 660068</b><br><b>Sacramento, CA 95866</b>                         | <b>X</b>                             | <b>H</b>  | <b>05/27/14</b><br><b>Purchase Money Security</b><br><b>2014 Kawasaki EX300AES Ninja 300</b><br><b>Motorcycle. VIN# JKAEX8A11EA003671.</b><br><b>Retail \$4,390 - \$219.50 (5% cost of sale).</b><br><b>Mr. Moore cosigned for his son. His</b><br><b>son has possession of the motorcycle</b><br><b>and pays all of the payments and</b>   |  |  |                                      | <b>5,000.00</b>  | <b>829.50</b>  |
| Account No.  |                                      |   |   |  |  |                                      |  |  |
| <b>Capital One/Kawasaki</b><br><b>P.O. Box 30253</b><br><b>Salt Lake City, UT 84130-0253</b>                     |                                      |   | <b>Representing:</b><br><b>Capital One Auto Finance</b>   |  |  |                                      | <b>Notice Only</b>   |  |
| Account No. <b>803954</b>  |                                      |   |   |  |  |                                      |  |  |
| <b>Vanderbilt Mortgage and Finance, Inc.</b><br><b>P.O. Box 660180</b><br><b>Dallas, TX 75266-0180</b>           | <b>J</b>                             |   | <b>07/01</b><br><b>Purchase Money Security</b><br><b>1997 Premier Mobile Home 16x76 single</b><br><b>wide 2 bed 2 bath located at 5721 N.</b><br><b>Jarboe Street, Kansas City, MO 64118.</b><br><b>This is the Debtors' primary residence</b><br><b>and sits in Lakeview Terrace Mobile</b><br><b>Home Park. The home's flooring in the</b>  |  |  |                                      | <b>14,563.01</b>   | <b>6,563.01</b>  |
| Account No.  |                                      |   |   |  |  |                                      |  |  |
| <b>Vanderbilt Mortgage</b><br><b>500 Alcoa Trail</b><br><b>Maryville, TN 37804</b>                               |                                      |   | <b>Representing:</b><br><b>Vanderbilt Mortgage and Finance, Inc.</b>  |  |  |                                      | <b>Notice Only</b>   |  |
| Account No.  |                                      |   |   |  |  |                                      |  |  |
|  |                                      |   |   |  |  |                                      |  |  |
| Subtotal   |                                      |   |   |  |  |                                      | <b>19,563.01</b>   | <b>7,392.51</b>  |
| (Total of this page)   |                                      |   |   |  |  |                                      |  |  |
| Total  |                                      |   |   |  |  |                                      | <b>19,563.01</b>   | <b>7,392.51</b>  |
| (Report on Summary of Schedules)   |                                      |   |   |  |  |                                      |  |  |

0 continuation sheets attached

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.)   | C<br>O<br>D<br>E<br>B<br>O<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community | D<br>A<br>T<br>E<br>C<br>L<br>A<br>I<br>M<br>W<br>A<br>S<br>I<br>N<br>C<br>U<br>R<br>R<br>E<br>D<br>A<br>N<br>D<br>C<br>O<br>N<br>S<br>I<br>D<br>E<br>R<br>A<br>T<br>I<br>O<br>N<br>F<br>O<br>R<br>C<br>L<br>A<br>I<br>M | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT<br>OF CLAIM | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY |
|---|---------------------------------|------------------|------------------------------------|--|--|--|--------------------------------------|--------------------|---|
|   |                                 |                  |                                    |  |  |  |                                      |                    | AMOUNT<br>ENTITLED TO<br>PRIORITY             |
| Account No. <b>xxx-xx-7594, xxx-xx-1359</b><br><br><b>Internal Revenue Service<br/>Central Insolvency Operation<br/>P.O. Box 7346<br/>Philadelphia, PA 19101-7346</b> |                                 |                  |                                    | <b>2012, 2014</b><br><br><b>Income taxes</b>   |  |  |                                      |                    | <b>0.00</b>                                   |
|   |                                 | <b>J</b>         |                                    |  |  |  |                                      | <b>216.59</b>      | <b>216.59</b>                                 |
| Account No.   |                                 |                  |                                    |  |  |  |                                      |                    |   |
|   |                                 |                  |                                    |  |  |  |                                      |                    |   |
| Account No.   |                                 |                  |                                    |  |  |  |                                      |                    |   |
|   |                                 |                  |                                    |  |  |  |                                      |                    |   |
| Account No.   |                                 |                  |                                    |  |  |  |                                      |                    |   |
|   |                                 |                  |                                    |  |  |  |                                      |                    |   |
| Account No.   |                                 |                  |                                    |  |  |  |                                      |                    |   |
|   |                                 |                  |                                    |  |  |  |                                      |                    |   |
| Account No.   |                                 |                  |                                    |  |  |  |                                      |                    |   |
|   |                                 |                  |                                    |  |  |  |                                      |                    |   |
| Subtotal  |                                 |                  |                                    |  |  |  |                                      |                    | <b>0.00</b>                                   |
| (Total of this page)  |                                 |                  |                                    |  |  |  |                                      | <b>216.59</b>      | <b>216.59</b>                                 |
| Total   |                                 |                  |                                    |  |  |  |                                      |                    | <b>0.00</b>                                   |
| (Report on Summary of Schedules)  |                                 |                  |                                    |  |  |  |                                      | <b>216.59</b>      | <b>216.59</b>                                 |

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R | Husband, Wife, Joint, or Community | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM    |
|---|--------------------------------------|------------------------------------|--|--|--------------------------------------|--------------------|
|   |                                      | H<br>W<br>J<br>C                   |  |  |                                      |                    |
| Account No. <b>1306</b><br><br><b>Advanced Dental Arts</b><br><b>Geoffrey Riley, DDS</b><br><b>4444 N. Bellevue Avenue</b><br><b>Suite 202</b><br><b>Kansas City, MO 64116-1507</b> |                                      | <b>H</b>                           |  |  |                                      | <b>297.20</b>      |
| Account No. <b>5178-0581-8904-2784</b><br><br><b>Capital One Bank (USA) N.A.</b><br><b>P.O. Box 6492</b><br><b>Carol Stream, IL 60197-6492</b>                                      |                                      | <b>H</b>                           |  |  |                                      | <b>8,422.01</b>    |
| Account No.<br><br><b>Capital One</b><br><b>Bankruptcy Department</b><br><b>P.O. Box 30285</b><br><b>Salt Lake City, UT 84130-0285</b>  |                                      |                                    |  |  |                                      | <b>Notice Only</b> |
| Account No.<br><br><b>Capital One Services</b><br><b>P.O. Box 85619</b><br><b>Richmond, VA 23285-5619</b>   |                                      |                                    |  |  |                                      | <b>Notice Only</b> |
| Subtotal<br>(Total of this page)  |                                      |                                    |  |  |                                      | <b>8,719.21</b>    |

12 continuation sheets attached



In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                            | C<br>O<br>D<br>E<br>B<br>O<br>R | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                                  |
|--|---------------------------------|---|--|--|--------------------------------------|--|
| Account No.<br><br><b>Gamache &amp; Myers PC</b><br><b>1000 Camera Avenue</b><br><b>Suite A</b><br><b>Saint Louis, MO 63126</b>          |                                 | <b>Representing:</b><br><b>Capital One Bank (USA) N.A.</b>  |  |  |                                      | <b>Notice Only</b>                               |
| Account No.<br><br><b>United Recovery Systems</b><br><b>P.O. Box 722929</b><br><b>Houston, TX 77272-2929</b>                             |                                 | <b>Representing:</b><br><b>Capital One Bank (USA) N.A.</b>  |  |  |                                      | <b>Notice Only</b>                               |
| Account No. <b>xxx9012, xxx7789, xxx3869</b><br><br><b>Capital One, N.A.</b><br><b>P.O. Box 71087</b><br><b>Charlotte, NC 28272-1087</b> | <b>W</b>                        | <b>Credit cards</b>   |  |  |                                      | <b>1,987.97</b>                                  |
| Account No.<br><br><b>ARS National Services, Inc.</b><br><b>P.O. Box 469046</b><br><b>Escondido, CA 92046</b>                            |                                 | <b>Representing:</b><br><b>Capital One, N.A.</b>  |  |  |                                      | <b>Notice Only</b>                               |
| Account No.<br><br><b>Capital One</b><br><b>Bankruptcy Department</b><br><b>P.O. Box 5155</b><br><b>Norcross, GA 30091</b>               |                                 | <b>Representing:</b><br><b>Capital One, N.A.</b>  |  |  |                                      | <b>Notice Only</b>                               |
| Sheet no. <u>1</u> of <u>12</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                         |                                 |   |  |  |                                      | Subtotal<br>(Total of this page) <b>1,987.97</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                   | C<br>O<br>D<br>E<br>B<br>O<br>R | Husband, Wife, Joint, or Community<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D             | AMOUNT OF CLAIM |
|---|---------------------------------|--|---|--|--|--|-----------------|
| Account No.<br><br><b>Capital One Bank (USA) N.A.</b><br><b>P.O. Box 6492</b><br><b>Carol Stream, IL 60197-6492</b>             |                                 | <b>Representing:</b><br><b>Capital One, N.A.</b>       |   |  |  | <b>Notice Only</b>                               |                 |
| Account No.<br><br><b>Gamache &amp; Myers PC</b><br><b>1000 Camera Avenue</b><br><b>Suite A</b><br><b>Saint Louis, MO 63126</b> |                                 | <b>Representing:</b><br><b>Capital One, N.A.</b>       |   |  |  | <b>Notice Only</b>                               |                 |
| Account No.<br><br><b>Creekwood Orthodontics</b><br><b>5400 N. Oak Trfwy., Suite 123</b><br><b>Kansas City, MO 64118</b>        | <b>H</b>                        | <b>Medical bill</b>                                    |   |  |  | <b>49.45</b>                                     |                 |
| Account No.<br><br><b>Northwest Financial Services</b><br><b>P.O. Box 9010</b><br><b>Saint Joseph, MO 64508-9010</b>            |                                 | <b>Representing:</b><br><b>Creekwood Orthodontics</b>  |   |  |  | <b>Notice Only</b>                               |                 |
| Account No. <b>xxxx9185</b><br><br><b>Discover Card</b><br><b>P.O. Box 6103</b><br><b>Carol Stream, IL 60197-6103</b>           | <b>W</b>                        | <b>Credit card</b>                                     |   |  |  | <b>7,174.71</b>                                  |                 |
| Sheet no. <b>2</b> of <b>12</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                |                                 |  |   |  |  | Subtotal<br>(Total of this page) <b>7,224.16</b> |                 |

B6F (Official Form 6F) (12/07) - Cont.

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | Husband, Wife, Joint, or Community     | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                  |
|--|--------------------------------------|--|--|--|--------------------------------------|----------------------------------|
|  |                                      | H<br>W<br>J<br>C                       |  |  |                                      |                                  |
| Account No.  |                                      |  |  |  |                                      |                                  |
| <b>Discover Financial Services<br/>P.O. Box 15316<br/>Wilmington, DE 19850</b>                                   |                                      | <b>Representing:<br/>Discover Card</b> |  |  |                                      | <b>Notice Only</b>               |
| Account No.  |                                      | <b>Medical bill</b>                    |  |  |                                      |                                  |
| <b>Dr. Teresa Gallagher-Calia<br/>101 NW Englewood Road<br/>Suite 150<br/>Kansas City, MO 64118</b>              | <b>W</b>                             |  |  |  |                                      | <b>Unknown</b>                   |
| Account No. <b>5856-3732-4547-6440</b>   |                                      | <b>Credit card</b>                     |  |  |                                      |                                  |
| <b>Gordman's<br/>P.O. Box 659705<br/>San Antonio, TX 78265-9705</b>  | <b>W</b>                             |  |  |  |                                      | <b>265.54</b>                    |
| Account No.  |                                      | <b>Representing:<br/>Gordman's</b>     |  |  |                                      | <b>Notice Only</b>               |
| <b>Asset Recovery Solutions, LLC<br/>2200 E. Devon Avenue<br/>Suite 200<br/>Des Plaines, IL 60018-4501</b>       |                                      |  |  |  |                                      |                                  |
| Account No.  |                                      | <b>Representing:<br/>Gordman's</b>     |  |  |                                      | <b>Notice Only</b>               |
| <b>Comenity Bank/Gordmans<br/>Bankruptcy Department<br/>P.O. Box 182125<br/>Columbus, OH 43218-2125</b>          |                                      |  |  |  |                                      |                                  |
| Sheet no. <u>3</u> of <u>12</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                      |  |  |  |                                      | Subtotal<br>(Total of this page) |
|  |                                      |  |  |  |                                      | <b>265.54</b>                    |

B6F (Official Form 6F) (12/07) - Cont.

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T      | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                  |
|---|--------------------------------------|---|---|--|--------------------------------------|----------------------------------|
|   |                                      | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |   |  |                                      |                                  |
| Account No. <b>IPC2561618</b>   |                                      | W   | Medical bill  |  |                                      | 70.00                            |
| <b>Inpatient Consultants of Kansas PA<br/>P.O. Box 8357<br/>Pasadena, CA 91109-8357</b>                       |                                      |   |   |  |                                      |                                  |
| Account No.   |                                      |   | Representing:<br>Inpatient Consultants of Kansas PA |  |                                      | Notice Only                      |
| <b>Financial Corporation of America<br/>P.O. Box 203500<br/>Austin, TX 78720-3500</b>                         |                                      |   |   |  |                                      |                                  |
| Account No. <b>8428-64-1623</b>   |                                      | H   | Utility bill  |  |                                      | 535.07                           |
| <b>Kansas City Power &amp; Light<br/>PO Box 219330<br/>Kansas City, MO 64121</b>                              |                                      |   |   |  |                                      |                                  |
| Account No. <b>854-470-5521</b>   |                                      | W   | Credit card   |  |                                      | 298.23                           |
| <b>Maurices<br/>P.O. Box 659705<br/>San Antonio, TX 78265-9705</b>  |                                      |   |   |  |                                      |                                  |
| Account No.   |                                      |   | Representing:<br>Maurices                           |  |                                      | Notice Only                      |
| <b>Asset Recovery Solutions, LLC<br/>2200 E. Devon Avenue<br/>Suite 200<br/>Des Plaines, IL 60018-4501</b>    |                                      |   |   |  |                                      |                                  |
| Sheet no. <u>4</u> of <u>12</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |                                      |   |   |  |                                      | Subtotal<br>(Total of this page) |
|   |                                      |   |   |  |                                      | 903.30                           |

B6F (Official Form 6F) (12/07) - Cont.

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | C<br>O<br>D<br>E<br>B<br>O<br>R | Husband, Wife, Joint, or Community                  | H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM    |
|--|---------------------------------|---|------------------|---|--|--|--------------------------------------|--------------------|
| Account No.  |                                 |   |                  |   |  |  |                                      |                    |
| <b>Comenity Bank/Maurices<br/>Bankruptcy Department<br/>P.O. Box 182125<br/>Columbus, OH 43218-2125</b>          |                                 | <b>Representing:<br/>Maurices</b>                   |                  |   |  |  |                                      | <b>Notice Only</b> |
| Account No. <b>60359087</b>  |                                 | <b>Medical bill</b>                                 |                  |   |  |  |                                      |                    |
| <b>Meritus Health<br/>P.O. Box 505245<br/>Saint Louis, MO 63150-5245</b>   |                                 | <b>W</b>  |                  |   |  |  |                                      | <b>195.48</b>      |
| Account No.  |                                 | <b>Medical bill</b>                                 |                  |   |  |  |                                      |                    |
| <b>North Kansas City Hospital<br/>2800 Clay Edwards Drive<br/>Kansas City, MO 64116-3281</b>                     |                                 | <b>W</b>  |                  |   |  |  |                                      | <b>375.00</b>      |
| Account No.  |                                 |   |                  |   |  |  |                                      |                    |
| <b>AIH Receivable Management Services<br/>5425 Martindale<br/>Shawnee, KS 66218</b>                              |                                 | <b>Representing:<br/>North Kansas City Hospital</b> |                  |   |  |  |                                      | <b>Notice Only</b> |
| Account No.  |                                 |   |                  |   |  |  |                                      |                    |
| <b>Executive Financial Consultants<br/>310 Armour Road<br/>Suite 220<br/>Kansas City, MO 64116-3541</b>          |                                 | <b>Representing:<br/>North Kansas City Hospital</b> |                  |   |  |  |                                      | <b>Notice Only</b> |
| Sheet no. <b>5</b> of <b>12</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                 |   |                  | Subtotal<br>(Total of this page)  |  |  |                                      | <b>570.48</b>      |

B6F (Official Form 6F) (12/07) - Cont.

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM    |
|--|--------------------------------------|---|--|--|--------------------------------------|--------------------|
|  |                                      | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |                    |
| Account No.  |                                      |   |  |  |                                      |                    |
| <b>North Kansas City Hospital<br/>P.O. Box 8200<br/>Lakeland, FL 33801-8200</b>                                  |                                      | <b>Representing:<br/>North Kansas City Hospital</b>   |  |  |                                      | <b>Notice Only</b> |
| Account No. <b>8127</b>  |                                      |   |  |  |                                      |                    |
| <b>Obstetric &amp; Gynecology Consult<br/>P.O. Box 415050<br/>Kansas City, MO 64141-5050</b>                     | <b>W</b>                             | <b>Medical bill</b>   |  |  |                                      | <b>102.28</b>      |
| Account No.  |                                      |   |  |  |                                      |                    |
| <b>Kansas Counselors<br/>P.O. Box 14765<br/>Shawnee Mission, KS 66285</b>  |                                      | <b>Representing:<br/>Obstetric &amp; Gynecology Consult</b>   |  |  |                                      | <b>Notice Only</b> |
| Account No.  |                                      |   |  |  |                                      |                    |
| <b>Pain Source Solutions, LLC<br/>P.O. Box 7391<br/>Kansas City, MO 64116</b>                                    | <b>W</b>                             | <b>Medical bill</b>   |  |  |                                      | <b>50.00</b>       |
| Account No.  |                                      |   |  |  |                                      |                    |
| <b>Executive Financial Consultants<br/>310 Armour Road<br/>Suite 220<br/>Kansas City, MO 64116-3541</b>          |                                      | <b>Representing:<br/>Pain Source Solutions, LLC</b>   |  |  |                                      | <b>Notice Only</b> |
| Sheet no. <b>6</b> of <b>12</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                      |   |  |  |                                      |                    |
| Subtotal<br>(Total of this page)   |                                      |   |  |  |                                      | <b>152.28</b>      |

B6F (Official Form 6F) (12/07) - Cont.

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                          |               |
|---|--------------------------------------|---|--|--|--------------------------------------|--|---------------|
|   |                                      | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |  |               |
| Account No. <b>0043000000117767</b>   | <b>H</b>                             | <b>Medical bill</b>   |  |  |                                      | <b>72.60</b>                             |               |
| <b>Pierre W. Keitges MD PC<br/>P.O. Box 876171<br/>Kansas City, MO 64187-6171</b>                             |                                      |   |  |  |                                      |  |               |
| Account No.   |                                      | <b>Representing:<br/>Pierre W. Keitges MD PC</b>  |  |  |                                      | <b>Notice Only</b>                       |               |
| <b>Pierre W. Keitges MD PC<br/>P.O. Box 8660<br/>Saint Louis, MO 63126-0660</b>                               |                                      |   |  |  |                                      |  |               |
| Account No. <b>7714-3006-7427-1846</b>  | <b>W</b>                             | <b>Credit card</b>  |  |  |                                      | <b>598.32</b>                            |               |
| <b>Sam's Club/Synchrony Bank<br/>P.O. Box 530942<br/>Atlanta, GA 30353-0942</b>                               |                                      |   |  |  |                                      |  |               |
| Account No.   |                                      | <b>Representing:<br/>Sam's Club/Synchrony Bank</b>  |  |  |                                      | <b>Notice Only</b>                       |               |
| <b>Sam's Club/Synchrony Bank<br/>Attn: Bankruptcy Dept.<br/>P.O. Box 965060<br/>Orlando, FL 32896-5060</b>    |                                      |   |  |  |                                      |  |               |
| Account No. <b>778743594</b>  | <b>W</b>                             | <b>Cell phone bill</b>  |  |  |                                      | <b>169.28</b>                            |               |
| <b>Sprint<br/>P.O. Box 54977<br/>Los Angeles, CA 90054-0977</b>   |                                      |   |  |  |                                      |  |               |
| Sheet no. <u>7</u> of <u>12</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |                                      |   |  |  |                                      | <b>Subtotal<br/>(Total of this page)</b> | <b>840.20</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | Husband, Wife, Joint, or Community                      | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                  |
|---|--------------------------------------|---|--|--|--------------------------------------|----------------------------------|
|   |                                      | H<br>W<br>J<br>C  |  |  |                                      |                                  |
| Account No.   |                                      |   |  |  |                                      |                                  |
| <b>Sprint<br/>P.O. Box 8077<br/>London, KY 40742</b>  |                                      | <b>Representing:<br/>Sprint</b>                         |  |  |                                      | <b>Notice Only</b>               |
| Account No. <b>20056294</b>   |                                      | <b>Medical bill</b>                                     |  |  |                                      |                                  |
| <b>St. Joseph Anesthesia Services<br/>P.O. Box 412004<br/>Kansas City, MO 64141-2004</b>                      | <b>W</b>                             |   |  |  |                                      | <b>428.40</b>                    |
| Account No.   |                                      |   |  |  |                                      |                                  |
| <b>Berlin Wheeler, Inc.<br/>2942 SW Wanamaker Dr. #200<br/>Topeka, KS 66614</b>                               |                                      | <b>Representing:<br/>St. Joseph Anesthesia Services</b> |  |  |                                      | <b>Notice Only</b>               |
| Account No.   |                                      |   |  |  |                                      |                                  |
| <b>St. Joseph Anesthesia Services<br/>1000 Carondelet Drive<br/>Kansas City, MO 64114-4673</b>                |                                      | <b>Representing:<br/>St. Joseph Anesthesia Services</b> |  |  |                                      | <b>Notice Only</b>               |
| Account No. <b>B1420602201</b>  |                                      | <b>Medical bill</b>                                     |  |  |                                      |                                  |
| <b>St. Luke's Northland Hospital<br/>5830 NW Barry Road<br/>Kansas City, MO 64154</b>                         | <b>W</b>                             |   |  |  |                                      | <b>100.00</b>                    |
| Sheet no. <u>8</u> of <u>12</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |                                      |   |  |  |                                      | Subtotal<br>(Total of this page) |
|   |                                      |   |  |  |                                      | <b>528.40</b>                    |



B6F (Official Form 6F) (12/07) - Cont.

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | C<br>O<br>D<br>E<br>B<br>O<br>R | Husband, Wife, Joint, or Community | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T            | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM    |
|--|---------------------------------|------------------------------------|---|--|--------------------------------------|--------------------|
|  |                                 | H<br>W<br>J<br>C                   |   |  |                                      |                    |
| Account No.  |                                 |                                    |   |  |                                      |                    |
| <b>Saint Luke's Hospital<br/>P.O. Box 530254<br/>Atlanta, GA 30353-0254</b>                                      |                                 |                                    | <b>Representing:<br/>St. Luke's Northland Hospital</b>    |  |                                      | <b>Notice Only</b> |
| Account No.  |                                 |                                    |   |  |                                      |                    |
| <b>Venture Financial Services<br/>9500 E. 63rd Street<br/>Suite 202<br/>Raytown, MO 64133</b>                    |                                 |                                    | <b>Representing:<br/>St. Luke's Northland Hospital</b>    |  |                                      | <b>Notice Only</b> |
| Account No. <b>00003595005</b>   |                                 |                                    |   |  |                                      |                    |
| <b>St. Luke's Physician Specialists<br/>P.O. Box 505060<br/>Saint Louis, MO 63150-5060</b>                       |                                 | <b>W</b>                           | <b>Medical bill</b>                                       |  |                                      | <b>360.50</b>      |
| Account No.  |                                 |                                    |   |  |                                      |                    |
| <b>St. Luke's Health System<br/>Physician Billing Services<br/>4401 Wornall Road<br/>Kansas City, MO 64111</b>   |                                 |                                    | <b>Representing:<br/>St. Luke's Physician Specialists</b> |  |                                      | <b>Notice Only</b> |
| Account No. <b>xxxx106 41</b>  |                                 |                                    |   |  |                                      |                    |
| <b>Synchrony Bank/JCP<br/>P.O. Box 960090<br/>Orlando, FL 32896-0090</b>   |                                 | <b>W</b>                           | <b>Credit card</b>  |  |                                      | <b>816.54</b>      |
| Sheet no. <b>9</b> of <b>12</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                 |                                    |   |  |                                      |                    |
| Subtotal<br>(Total of this page)   |                                 |                                    |   |  |                                      | <b>1,177.04</b>    |

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)      | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | Husband, Wife, Joint, or Community            | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                  |
|--|--------------------------------------|---|--|--|--------------------------------------|----------------------------------|
|  |                                      | H<br>W<br>J<br>C                              |  |  |                                      |                                  |
| Account No.  |                                      |   |  |  |                                      |                                  |
| <b>Global Credit &amp; Collection Corp.<br/>5440 N. Cumberland Avenue<br/>Suite 300<br/>Chicago, IL 60656-1490</b> |                                      | <b>Representing:<br/>Synchrony Bank/JCP</b>   |  |  |                                      | <b>Notice Only</b>               |
| Account No. <b>xxx3434</b>   |                                      | <b>Credit card</b>                            |  |  |                                      |                                  |
| <b>Target Card Services<br/>P.O. Box 660170<br/>Dallas, TX 75266-0170</b>  | <b>W</b>                             |   |  |  |                                      | <b>537.45</b>                    |
| Account No.  |                                      |   |  |  |                                      |                                  |
| <b>Alliance One<br/>4850 Street Road<br/>Suite 300<br/>Trevose, PA 19053</b>                                       |                                      | <b>Representing:<br/>Target Card Services</b> |  |  |                                      | <b>Notice Only</b>               |
| Account No.  |                                      |   |  |  |                                      |                                  |
| <b>TD Bank USA, N.A.<br/>c/o Target Card Services<br/>P.O. Box 9500<br/>Minneapolis, MN 55440</b>                  |                                      | <b>Representing:<br/>Target Card Services</b> |  |  |                                      | <b>Notice Only</b>               |
| Account No.  |                                      |   |  |  |                                      |                                  |
| <b>The CBE Group, Inc.<br/>P.O. Box 570<br/>Waterloo, IA 50704-0570</b>  |                                      | <b>Representing:<br/>Target Card Services</b> |  |  |                                      | <b>Notice Only</b>               |
| Sheet no. <b>10</b> of <b>12</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims  |                                      |   |  |  |                                      | Subtotal<br>(Total of this page) |
|  |                                      |   |  |  |                                      | <b>537.45</b>                    |

B6F (Official Form 6F) (12/07) - Cont.

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | C<br>O<br>D<br>E<br>D<br>E<br>B<br>I<br>T<br>O<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                  |        |
|--|---|------------------|---|--|--|--------------------------------------|----------------------------------|--------|
|  |   |                  | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |                                  |        |
| Account No. <b>20505-066059303-4001</b>  |   | W                | Utility bill  |  |  |                                      | 218.50                           |        |
| <b>Time Warner Cable</b><br><b>P.O. Box 1104</b><br><b>Carol Stream, IL 60132-1104</b>                         |   |                  |   |  |  |                                      |                                  |        |
| Account No.  |   |                  | Representing:<br>Time Warner Cable  |  |  |                                      | Notice Only                      |        |
| <b>CMI</b><br><b>4200 International</b><br><b>Carrollton, TX 75007-1912</b>                                    |   |                  |   |  |  |                                      |                                  |        |
| Account No.  |   |                  | Representing:<br>Time Warner Cable  |  |  |                                      | Notice Only                      |        |
| <b>Time Warner Cable</b><br><b>P.O. Box 2553</b><br><b>Columbus, OH 43216-2553</b>                             |   |                  |   |  |  |                                      |                                  |        |
| Account No. <b>552574494</b>   |   | H                | Credit card   |  |  |                                      | 226.29                           |        |
| <b>Tires Plus Total Car Care</b><br><b>P.O. Box 81410</b><br><b>Cleveland, OH 44188-0410</b>                   |   |                  |   |  |  |                                      |                                  |        |
| Account No.  |   |                  | Representing:<br>Tires Plus Total Car Care  |  |  |                                      | Notice Only                      |        |
| <b>Alliance One</b><br><b>4850 Street Road</b><br><b>Suite 300</b><br><b>Trevose, PA 19053</b>                 |   |                  |   |  |  |                                      |                                  |        |
| Sheet no. <u>11</u> of <u>12</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |   |                  |   |  |  |                                      | Subtotal<br>(Total of this page) | 444.79 |

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)      | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | Husband, Wife, Joint, or Community                 | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                           |
|--|--------------------------------------|--|--|--|--------------------------------------|---|
|  |                                      | H<br>W<br>J<br>C                                   |  |  |                                      |   |
| Account No.  |                                      |  |  |  |                                      |   |
| <b>Credit First N.A.<br/>P.O. Box 81344<br/>Cleveland, OH 44188-0344</b>   |                                      | <b>Representing:<br/>Tires Plus Total Car Care</b> |  |  |                                      | <b>Notice Only</b>                        |
| Account No. <b>6032-2014-3333-9911</b>   |                                      | <b>Credit card</b>                                 |  |  |                                      |   |
| <b>Walmart/Synchrony Bank<br/>P.O. Box 530927<br/>Atlanta, GA 30353-0927</b>                                       | <b>W</b>                             |  |  |  |                                      | <b>1,786.62</b>                           |
| Account No.  |                                      |  |  |  |                                      |   |
| <b>Global Credit &amp; Collection Corp.<br/>5440 N. Cumberland Avenue<br/>Suite 300<br/>Chicago, IL 60656-1490</b> |                                      | <b>Representing:<br/>Walmart/Synchrony Bank</b>    |  |  |                                      | <b>Notice Only</b>                        |
| Account No.  |                                      |  |  |  |                                      |   |
| <b>Synchrony Bank/Walmart<br/>Attn: Bankruptcy Dept.<br/>P.O. Box 965060<br/>Orlando, FL 32896-5060</b>            |                                      | <b>Representing:<br/>Walmart/Synchrony Bank</b>    |  |  |                                      | <b>Notice Only</b>                        |
| Account No.  |                                      |  |  |  |                                      |   |
|  |                                      |  |  |  |                                      |   |
| Sheet no. <b>12</b> of <b>12</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims  |                                      |  |  |  |                                      | Subtotal<br>(Total of this page)          |
|  |                                      |  |  |  |                                      | <b>1,786.62</b>                           |
|  |                                      |  |  |  |                                      | Total<br>(Report on Summary of Schedules) |
|  |                                      |  |  |  |                                      | <b>25,137.44</b>                          |

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code,<br>of Other Parties to Lease or Contract | Description of Contract or Lease and Nature of Debtor's Interest.<br>State whether lease is for nonresidential real property.<br>State contract number of any government contract. |
|--|--|
| <b>Lakeview Terrace Mobile Home Park<br/>5800 N. Madison<br/>Kansas City, MO 64118</b> | <b>Month-to-month lease of a mobile home lot<br/>located at 5721 N. Jarboe Street, Kansas City, MO<br/>64118 with monthly rent at \$405.00.</b>                                    |

In re **John Steven Moore,  
Arlinda Renee Moore**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR  | NAME AND ADDRESS OF CREDITOR   |
|---|--|
| <b>Christian Moore</b><br><b>5721 N. Jarboe</b><br><b>Kansas City, MO 64118</b> | <b>Capital One Auto Finance</b><br><b>P.O. Box 660068</b><br><b>Sacramento, CA 95866</b> |

Fill in this information to identify your case:

Debtor 1 John Steven Moore

Debtor 2 Arlinda Renee Moore  
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 6I

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status\*

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
- ☐ Not employed

Shuttle Driver

Courtyard by Marriott

7901 NW Tiffany Springs Pkwy.  
Kansas City, MO 64153

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Office Assistant

Lakeview Terrace Mobile Home  
Park

5800 N. Madison  
Kansas City, MO 64118

How long employed there?

Since 05/03

Since 3/13/13

\*See Attachment for Additional Employment Information

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|  | For Debtor 1       | For Debtor 2 or non-filing spouse |
|--|--------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | \$ <u>2,344.62</u> | \$ <u>1,906.67</u>                |
| 3. Estimate and list monthly overtime pay.   | +\$ <u>0.00</u>    | +\$ <u>0.00</u>                   |
| 4. Calculate gross income. Add line 2 + line 3.  | \$ <u>2,344.62</u> | \$ <u>1,906.67</u>                |

Debtor 1 **John Steven Moore**  
Debtor 2 **Arlinda Renee Moore**

Case number (if known)

|  | For Debtor 1                                | For Debtor 2 or non-filing spouse |
|--|---|-----------------------------------|
| Copy line 4 here   | 4. \$ <b>2,344.62</b>                       | \$ <b>1,906.67</b>                |
| <b>5. List all payroll deductions:</b>   |   |                                   |
| 5a. Tax, Medicare, and Social Security deductions  | 5a. \$ <b>153.74</b>                        | \$ <b>324.13</b>                  |
| 5b. Mandatory contributions for retirement plans   | 5b. \$ <b>0.00</b>                          | \$ <b>0.00</b>                    |
| 5c. Voluntary contributions for retirement plans   | 5c. \$ <b>0.00</b>                          | \$ <b>0.00</b>                    |
| 5d. Required repayments of retirement fund loans   | 5d. \$ <b>0.00</b>                          | \$ <b>0.00</b>                    |
| 5e. Insurance  | 5e. \$ <b>969.71</b>                        | \$ <b>0.00</b>                    |
| 5f. Domestic support obligations   | 5f. \$ <b>0.00</b>                          | \$ <b>0.00</b>                    |
| 5g. Union dues   | 5g. \$ <b>0.00</b>                          | \$ <b>0.00</b>                    |
| 5h. Other deductions. Specify:   | 5h.+ \$ <b>0.00</b>                         | + \$ <b>0.00</b>                  |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6. \$ <b>1,123.45</b>                       | \$ <b>324.13</b>                  |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | 7. \$ <b>1,221.17</b>                       | \$ <b>1,582.54</b>                |
| <b>8. List all other income regularly received:</b>  |   |                                   |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a. \$ <b>0.00</b>                          | \$ <b>0.00</b>                    |
| 8b. Interest and dividends   | 8b. \$ <b>0.00</b>                          | \$ <b>0.00</b>                    |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c. \$ <b>0.00</b>                          | \$ <b>0.00</b>                    |
| 8d. Unemployment compensation  | 8d. \$ <b>0.00</b>                          | \$ <b>0.00</b>                    |
| 8e. Social Security  | 8e. \$ <b>0.00</b>                          | \$ <b>0.00</b>                    |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify:   | 8f. \$ <b>0.00</b>                          | \$ <b>0.00</b>                    |
| 8g. Pension or retirement income   | 8g. \$ <b>0.00</b>                          | \$ <b>0.00</b>                    |
| 8h. Other monthly income. Specify:   | 8h.+ \$ <b>0.00</b>                         | + \$ <b>0.00</b>                  |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9. \$ <b>0.00</b>                           | \$ <b>0.00</b>                    |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$ <b>1,221.17</b> + \$ <b>1,582.54</b> | = \$ <b>2,803.71</b>              |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .<br>Specify: |   |                                   |
|  | 11. +\$                                     | <b>0.00</b>                       |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies   | 12. \$                                      | <b>2,803.71</b>                   |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>   |   |                                   |
| <input checked="" type="checkbox"/> No.  |   |                                   |
| <input type="checkbox"/> Yes. Explain:   |   |                                   |

**Combined monthly income**



Debtor 1 **John Steven Moore**  
Debtor 2 **Arlinda Renee Moore**

Case number (if known) \_\_\_\_\_

**Official Form B 6I**  
**Attachment for Additional Employment Information**

|                     |   |
|---------------------|---|
| <b>Debtor</b>       |   |
| Occupation          | <b>Associate</b>                                    |
| Name of Employer    | <b>Big Lots</b>                                     |
| How long employed   | <b>5 years</b>                                      |
| Address of Employer | <b>4826 N. Oak Trfwy.<br/>Kansas City, MO 64118</b> |

Fill in this information to identify your case:

Debtor 1 John Steven Moore

Debtor 2 Arlinda Renee Moore  
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents' names.

Son

20

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 337.44

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00

4b. \$ 43.58

4c. \$ 50.00

4d. \$ 0.00

5. \$ 0.00

Debtor 1 **John Steven Moore**  
Debtor 2 **Arlinda Renee Moore**

Case number (if known) \_\_\_\_\_

|  |          |                 |
|--|----------|-----------------|
| <b>6. Utilities:</b>   |          |                 |
| 6a. Electricity, heat, natural gas   | 6a. \$   | <u>295.00</u>   |
| 6b. Water, sewer, garbage collection   | 6b. \$   | <u>0.00</u>     |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c. \$   | <u>160.00</u>   |
| 6d. Other. Specify: _____  | 6d. \$   | <u>0.00</u>     |
| <b>7. Food and housekeeping supplies</b>   | 7. \$    | <u>600.00</u>   |
| <b>8. Childcare and children's education costs</b>   | 8. \$    | <u>0.00</u>     |
| <b>9. Clothing, laundry, and dry cleaning</b>  | 9. \$    | <u>30.00</u>    |
| <b>10. Personal care products and services</b>   | 10. \$   | <u>100.00</u>   |
| <b>11. Medical and dental expenses</b>   | 11. \$   | <u>200.00</u>   |
| <b>12. Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12. \$   | <u>350.00</u>   |
| <b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13. \$   | <u>25.00</u>    |
| <b>14. Charitable contributions and religious donations</b>  | 14. \$   | <u>0.00</u>     |
| <b>15. Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |          |                 |
| 15a. Life insurance  | 15a. \$  | <u>0.00</u>     |
| 15b. Health insurance  | 15b. \$  | <u>0.00</u>     |
| 15c. Vehicle insurance   | 15c. \$  | <u>106.86</u>   |
| 15d. Other insurance. Specify: _____   | 15d. \$  | <u>0.00</u>     |
| <b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: <b>Personal property taxes and licenses</b>  |          |                 |
|  | 16. \$   | <u>50.00</u>    |
| <b>17. Installment or lease payments:</b>  |          |                 |
| 17a. Car payments for Vehicle 1  | 17a. \$  | <u>0.00</u>     |
| 17b. Car payments for Vehicle 2  | 17b. \$  | <u>0.00</u>     |
| 17c. Other. Specify: _____   | 17c. \$  | <u>0.00</u>     |
| 17d. Other. Specify: _____   | 17d. \$  | <u>0.00</u>     |
| <b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>   |          |                 |
|  | 18. \$   | <u>0.00</u>     |
| <b>19. Other payments you make to support others who do not live with you.</b>   |          |                 |
|  | \$       | <u>0.00</u>     |
| Specify: _____   |          |                 |
| <b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |          |                 |
| 20a. Mortgages on other property   | 20a. \$  | <u>0.00</u>     |
| 20b. Real estate taxes   | 20b. \$  | <u>0.00</u>     |
| 20c. Property, homeowner's, or renter's insurance  | 20c. \$  | <u>0.00</u>     |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. \$  | <u>0.00</u>     |
| 20e. Homeowner's association or condominium dues   | 20e. \$  | <u>0.00</u>     |
| <b>21. Other:</b> Specify: <b>Mobile home lot rent</b>   | 21. +\$  | <u>405.00</u>   |
| <b>22. Your monthly expenses.</b> Add lines 4 through 21.<br>The result is your monthly expenses.  | 22. \$   | <u>2,752.88</u> |
| <b>23. Calculate your monthly net income.</b>  |          |                 |
| 23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.   | 23a. \$  | <u>2,803.71</u> |
| 23b. Copy your monthly expenses from line 22 above.  | 23b. -\$ | <u>2,752.88</u> |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your <i>monthly net income</i> .  | 23c. \$  | <u>50.83</u>    |
| <b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b><br>For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |          |                 |
| <input checked="" type="checkbox"/> No.<br><input type="checkbox"/> Yes.<br>Explain: _____   |          |                 |

**United States Bankruptcy Court  
Western District of Missouri**In re **John Steven Moore  
Arlinda Renee Moore**

Debtor(s)

Case No.

Chapter

**7****DECLARATION CONCERNING DEBTOR'S SCHEDULES**

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **31** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **November 17, 2015**Signature **/s/ John Steven Moore****John Steven Moore**

Debtor

Date **November 17, 2015**Signature **/s/ Arlinda Renee Moore****Arlinda Renee Moore**

Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court  
Western District of Missouri**

In re **John Steven Moore  
Arlinda Renee Moore**

Debtor(s)

Case No.

Chapter

**7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

**1. Income from employment or operation of business**

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT  
**\$47,184.66**  
**\$51,972.45**  
**\$46,234.00**

SOURCE  
**2015: Both Employment Income YTD**  
**2014: Both Employment Income**  
**2013: Both Employment Income**

**2. Income other than from employment or operation of business**

None

☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT  
**\$2,334.00**

SOURCE  
**2013: Unemployment Benefits**

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### 3. Payments to creditors

None  
☐

*Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CREDITOR   | DATES OF<br>PAYMENTS   | AMOUNT PAID | AMOUNT STILL<br>OWING |
|---|--|-------------|-----------------------|
| Lakeview Terrace Mobile Home Park<br>5800 N. Madison<br>Kansas City, MO 64118     | 1st of each month for<br>mobile park lot rent at<br>\$405.00 per month | \$1,215.00  | \$0.00                |
| Vanderbilt Mortgage and Finance, Inc.<br>P.O. Box 660180<br>Dallas, TX 75266-0180 | Monthly for mobile home<br>payment at \$337.44.                        | \$1,012.32  | \$14,563.01           |

None  
☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF<br>PAYMENTS/<br>TRANSFERS | AMOUNT<br>PAID OR<br>VALUE OF<br>TRANSFERS | AMOUNT STILL<br>OWING |
|------------------------------|------------------------------------|--|-----------------------|
|------------------------------|------------------------------------|--|-----------------------|

None  
☒

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND<br>RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL<br>OWING |
|--|-----------------|-------------|-----------------------|
|--|-----------------|-------------|-----------------------|

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None  
☐

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT<br>AND CASE NUMBER                                   | NATURE OF<br>PROCEEDING  | COURT OR AGENCY<br>AND LOCATION                         | STATUS OR<br>DISPOSITION |
|--|--------------------------|---|--------------------------|
| Azailyz Conn, Case No. 15CY-PR00316                                  | Guardianship of<br>Minor | 7th Judicial Circuit, Clay County,<br>Liberty, Missouri | Pending                  |
| Capital One Bank (USA), N.A. v. John Moore,<br>Case No. 15CY-CV02540 | Suit on Account          | 7th Judicial Circuit, Clay County,<br>Liberty, Missouri | Judgment                 |

None  
☐

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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NAME AND ADDRESS OF PERSON FOR WHOSE  
BENEFIT PROPERTY WAS SEIZED

**Capital One Bank (USA) N.A.**  
**P.O. Box 6492**  
**Carol Stream, IL 60197-6492**

DATE OF SEIZURE  
**11/13/15**

DESCRIPTION AND VALUE OF  
PROPERTY  
**\$100.21 in wages**

### 5. Repossessions, foreclosures and returns

None

■ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF  
CREDITOR OR SELLER

DATE OF REPOSSESSION,  
FORECLOSURE SALE,  
TRANSFER OR RETURN

DESCRIPTION AND VALUE OF  
PROPERTY

### 6. Assignments and receiverships

None

■ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF  
ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

■ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CUSTODIAN

NAME AND LOCATION  
OF COURT  
CASE TITLE & NUMBER

DATE OF  
ORDER

DESCRIPTION AND VALUE OF  
PROPERTY

### 7. Gifts

None

■ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF  
PERSON OR ORGANIZATION

RELATIONSHIP TO  
DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND  
VALUE OF GIFT

### 8. Losses

None

■ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE  
OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF  
LOSS WAS COVERED IN WHOLE OR IN PART  
BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

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### 9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE  | DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR      | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|--|--|--|
| 001 Debtorcc, Inc.<br>378 Summit Avenue<br>Jersey City, NJ 07306   | 08/10/15   | \$14.95  |
| Vogler Law Office<br>P.O. Box 12314<br>North Kansas City, MO 64116 | 6/11/14 \$400.00<br>8/11/14 \$600.00<br>1/20/15 \$200.00 | \$1,200.00   |

### 10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR             | DATE       | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED   |
|--|------------|--|
| U Wrench It<br>8012 E Truman Road<br>Kansas City, MO 64126<br>None | April 2014 | 1999 Chevy Astro Van with a blown engine and significant body damage. U Wrench It picked up the vehicle and paid the Debtors \$450.00. |

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER DEVICE | DATE(S) OF TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY |
|-------------------------------|------------------------|---|
|-------------------------------|------------------------|---|

### 11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|---------------------------------|--|------------------------------------|
|---------------------------------|--|------------------------------------|

### 12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY | NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY | DESCRIPTION OF CONTENTS | DATE OF TRANSFER OR SURRENDER, IF ANY |
|--|---|-------------------------|---------------------------------------|
|--|---|-------------------------|---------------------------------------|



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### 13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|----------------|------------------|
|------------------------------|----------------|------------------|

### 14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY | LOCATION OF PROPERTY |
|---------------------------|-----------------------------------|----------------------|
|---------------------------|-----------------------------------|----------------------|

### 15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---------|-----------|--------------------|
|---------|-----------|--------------------|

### 16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

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NAME AND ADDRESS OF  
GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

**18 . Nature, location and name of business**

None

☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

| NAME | LAST FOUR DIGITS OF<br>SOCIAL-SECURITY OR<br>OTHER INDIVIDUAL<br>TAXPAYER-I.D. NO.<br>(ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF BUSINESS | BEGINNING AND<br>ENDING DATES |
|------|--|---------|--------------------|-------------------------------|
|------|--|---------|--------------------|-------------------------------|

None

☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| NAME | ADDRESS |
|------|---------|
|------|---------|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

**19. Books, records and financial statements**

None

☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

| NAME AND ADDRESS | DATES SERVICES RENDERED |
|------------------|-------------------------|
|------------------|-------------------------|

None

☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

| NAME | ADDRESS | DATES SERVICES RENDERED |
|------|---------|-------------------------|
|------|---------|-------------------------|

None

☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

| NAME | ADDRESS |
|------|---------|
|------|---------|

None

☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

| NAME AND ADDRESS | DATE ISSUED |
|------------------|-------------|
|------------------|-------------|

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## 20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

| DATE OF INVENTORY | INVENTORY SUPERVISOR | DOLLAR AMOUNT OF INVENTORY<br>(Specify cost, market or other basis) |
|-------------------|----------------------|---|
|-------------------|----------------------|---|

- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

| DATE OF INVENTORY | NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY<br>RECORDS |
|-------------------|---|
|-------------------|---|

## 21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

| NAME AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
|------------------|--------------------|------------------------|
|------------------|--------------------|------------------------|

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

| NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE<br>OF STOCK OWNERSHIP |
|------------------|-------|---|
|------------------|-------|---|

## 22. Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|------|---------|--------------------|

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

## 23. Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS<br>OF RECIPIENT,<br>RELATIONSHIP TO DEBTOR | DATE AND PURPOSE<br>OF WITHDRAWAL | AMOUNT OF MONEY<br>OR DESCRIPTION AND<br>VALUE OF PROPERTY |
|---|-----------------------------------|--|
|---|-----------------------------------|--|

## 24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|----------------------------|--------------------------------------|

B7 (Official Form 7) (04/13)

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**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **November 17, 2015**

Signature **/s/ John Steven Moore**  
**John Steven Moore**  
Debtor

Date **November 17, 2015**

Signature **/s/ Arlinda Renee Moore**  
**Arlinda Renee Moore**  
Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B8 (Form 8) (12/08)

**United States Bankruptcy Court  
Western District of Missouri**

In re **John Steven Moore  
Arlinda Renee Moore**

Debtor(s)

Case No.

Chapter

**7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

|  |   |
|--|---|
| Property No. 1   |   |
| <b>Creditor's Name:</b><br><b>Capital One Auto Finance</b>   | <b>Describe Property Securing Debt:</b><br><b>2014 Kawasaki EX300AES Ninja 300 Motorcycle. VIN# JKAEX8A11EA003671. Retail \$4,390 - \$219.50 (5% cost of sale). Mr. Moore cosigned for his son. His son has possession of the motorcycle and pays all of the payments and insurance.</b>        |
| Property will be (check one):<br><input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained   |   |
| If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).            |   |
| Property is (check one):<br><input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt   |   |
| Property No. 2   |   |
| <b>Creditor's Name:</b><br><b>Vanderbilt Mortgage and Finance, Inc.</b>  | <b>Describe Property Securing Debt:</b><br><b>1997 Premier Mobile Home 16x76 single wide 2 bed 2 bath located at 5721 N. Jarboe Street, Kansas City, MO 64118. This is the Debtors' primary residence and sits in Lakeview Terrace Mobile Home Park. The home's flooring in the living room</b> |
| Property will be (check one):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained   |   |
| If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input checked="" type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). |   |
| Property is (check one):<br><input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt   |   |

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

|  |  |   |
|--|--|---|
| Property No. 1   |  |   |
| <b>Lessor's Name:</b><br>Lakeview Terrace Mobile Home Park | <b>Describe Leased Property:</b><br>Month-to-month lease of a mobile home lot located at 5721 N. Jarboe Street, Kansas City, MO 64118 with monthly rent at \$405.00. | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date November 17, 2015

Signature /s/ John Steven Moore  
John Steven Moore  
Debtor

Date November 17, 2015

Signature /s/ Arlinda Renee Moore  
Arlinda Renee Moore  
Joint Debtor

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI  
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).



B 201B (Form 201B) (12/09)

**United States Bankruptcy Court  
Western District of Missouri**

In re **John Steven Moore  
Arlinda Renee Moore**

Debtor(s)

Case No.

Chapter **7**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**John Steven Moore  
Arlinda Renee Moore**

Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

X **/s/ John Steven Moore**

Signature of Debtor

**November 17, 2015**

Date

X **/s/ Arlinda Renee Moore**

Signature of Joint Debtor (if any)

**November 17, 2015**

Date

---

**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Fill in this information to identify your case:

Debtor 1 John Steven Moore

Debtor 2 Arlinda Renee Moore  
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Missouri

Case number \_\_\_\_\_  
(if known)

Check one box only as directed in this form and in Form 22A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 22A - 1

Chapter 7 Statement of Your Current Monthly Income

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.
- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  | Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing spouse |
|--|----------------------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).   | \$ 2,361.66          | \$ 2,110.58                                  |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.   | \$ 0.00              | \$ 0.00                                      |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ 0.00              | \$ 0.00                                      |
| 5. Net income from operating a business, profession, or farm   |                      |  |
| Gross receipts (before all deductions)   | \$ 0.00              |  |
| Ordinary and necessary operating expenses  | -\$ 0.00             |  |
| Net monthly income from a business, profession, or farm  | \$ 0.00              | \$ 0.00                                      |
| 6. Net income from rental and other real property  |                      |  |
| Gross receipts (before all deductions)   | \$ 0.00              |  |
| Ordinary and necessary operating expenses  | -\$ 0.00             |  |
| Net monthly income from rental or other real property  | \$ 0.00              | \$ 0.00                                      |
| 7. Interest, dividends, and royalties  | \$ 0.00              | \$ 0.00                                      |

Debtor 1  
Debtor 2

**John Steven Moore**  
**Arlinda Renee Moore**

Case number (if known)

|  | Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing spouse |
|--|----------------------|--|
| <b>8. Unemployment compensation</b>  | \$ <b>0.00</b>       | \$ <b>0.00</b>                               |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  |                      |  |
| For you  | \$ <b>0.00</b>       |  |
| For your spouse  | \$ <b>0.00</b>       |  |
| <b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.   | \$ <b>0.00</b>       | \$ <b>0.00</b>                               |
| <b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c. |                      |  |
| 10a.   | \$ <b>0.00</b>       | \$ <b>0.00</b>                               |
| 10b.   | \$ <b>0.00</b>       | \$ <b>0.00</b>                               |
| 10c. Total amounts from separate pages, if any.  | + \$ <b>0.00</b>     | \$ <b>0.00</b>                               |
| <b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.   | \$ <b>2,361.66</b>   | + \$ <b>2,110.58</b> = \$ <b>4,472.24</b>    |
|  |                      | Total current monthly income                 |

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... **Copy line 11 here=>** 12a. \$ **4,472.24**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form 12b. \$ **53,666.88**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. **MO**

Fill in the number of people in your household. **3**

Fill in the median family income for your state and size of household. 13. \$ **63,491.00**

**14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.* Go to Part 3 and fill out Form 22A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ John Steven Moore**

**John Steven Moore**  
Signature of Debtor 1

Date **November 17, 2015**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

**X /s/ Arlinda Renee Moore**

**Arlinda Renee Moore**  
Signature of Debtor 2

Date **November 17, 2015**

MM / DD / YYYY